

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	1	3	5/3
<b>FORMALITY REVIEW</b>	2	JC-883	10-10-01
<b>RESPONSE FORMALITY REVIEW</b>	Rm	F81	09-05-01
	RA.M	JC 580	10-16-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	3/12
2	
3	1
4	
5	
6	
7	
8	
9	
10	✓
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15	
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19	
20	
21	✓
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	1
32	✓
33	
34	✓
35	✓
36	✓
37	✓
38	
39	
40	
41	
42	
43	
44	✓
45	1
46	
47	
48	
49	
50	✓

Claim	Date
Final	
Original	
51	5/1
52	5/1
53	✓
54	✓
55	
56	✓
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63	1
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65	
66	
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76	
77	✓
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Claim	Date
Final	
Original	
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583-10-16-01

If more than 150 claims or 10 actions  
staple additional sheet here